

AHPARR CPE SURVEY SUMMARY

In 2007 AHPARR surveyed its representatives on continuing professional education. There had been some discussion on the added difficulties rural health professionals encountered in accessing CPE activities. The idea was that by sharing our various CPD experiences we may all take some new ideas back to our own associations and encourage further support of our fellow rural colleagues. A questionnaire was produced and replies were gained from 11 disciplines. The amount of support to rural members was in some (but not all) ways dependant on the size and strength of the professional association. Associations ranged in size from 300 members to over 10,000 members.

Nature of CPE Programs

All professions had a CPE program in place, with only one (Orthoptics) not run by the member's professional association. Most (70%) are national based programs. There was an even split between compulsory and voluntary CPE for registration and employment, with only 1 association (APS) having CPE mandatory for Association membership. The majority of CPE programs have been in place less than 6 years, with a 1-3 year cycle. Most programs allotted points for activities, with some allowing self-directed learning which was more difficult to quantify.

CPE Activities

*** Face – to Face**

All Associations run a national scientific conference, and national workshops, attendance and professional presentations at these attract usually generous CPE points. Other activities included state (8/11) and regional (6/11) workshops and attendance at conferences or workshops run by other disciplines. Most professionals specified that attendances needed to relate to their employment or specific field of interest and needed some form of approval for inclusion in CPE accreditation. Multidisciplinary meetings were also encouraged by 8 associations.

*** Information Technology**

The boom in IT and the internet in particular has had a large impact on all professionals to access up-to-date information and encourage communication throughout this large, sparsely populated country. Four associations produced online learning material, 5 have organised teleconferencing, and 5 have regular video links. Offline IT material included DVDs and audio presentations available through 8 associations, often free of charge, to R&R members. Rural support and special interest groups are available in 8 of our member associations and tend to communicate online. The uptake on these has been variable, with anecdotal comments that email groups work better than chat rooms. The larger associations again tend to provide more services.

Comprising:

Audiological Society of Australia, Australasian Podiatry Council, Australian Association for Exercise and Sports Science, Australian Association of Social Workers, Australian Institute of Radiography, Australian Orthotic and Prosthetic Association, Australian Psychological Society, Australian Sonographers Association, Dietitians Association of Australia, OT AUSTRALIA, Services for Australian Rural and Remote Allied Health Inc, Society of Hospital Pharmacists of Australia, Speech Pathology Australia, The Orthoptic Association of Australia and incorporating AHPARR (AHPA Rural & Remote).

*Other methods of CPE

These included further formal education, less occupation specific courses such as OH&S or CPR updates, reading professional journals and other professional updates, attending presentations by manufacturers, self evaluation and negotiated learning contracts. Student supervision also attracted CPE points, with 10 Associations having rural placements, however only 5 have organised placement schemes and only 2 provide adequate and appropriate support for rural student supervisors.

Supporting Rural Practitioners

Financial support for the rural and remote practitioner was not particularly forthcoming. Two professions had fiscal recognition in their award. Among the associations, 5 provided financial support to attend conferences either by fee reduction or by competing for a grant. All respondents to the questionnaire stated that although it may just be possible to attain CPE accreditation without travel involving an overnight stay, it was highly unlikely that the education would be relevant to their employment. Interestingly, of the two respondents who commented on rural statistics, both stated that rural and remote practitioners had a higher attendance rate at conferences and meetings than their metropolitan counterparts. Meeting colleagues was high on the agenda for isolated health professionals – this may account in some way for this observation.

Other comments and suggestions by AHPARR members

All respondents commented on the difficulty of attending meetings away from home. Some impediments were: financial, especially for those in the private sector; time especially the added travelling time; difficulty finding locums; weekend rostering and on-call commitments. Many respondents wanted better electronic access to metropolitan meetings. Some suggestions were: case presentations; quick on-line quizzes; and web based chat rooms. One association (Audiology) had a great voluntary mentoring system.

One association (Orthoptics) noted most R&R practitioners were either new graduates or those with 15 or more year's experience. This trend may be common throughout the Allied Health workforce.

Member Associations participating in the survey were

- Audiological Society of Australia
- Australasian Podiatry Council
- Australian Association for Exercise and Sport Science
- Australian Institute of Radiography
- Australian Orthotic & Prosthetic Association
- The Australian Psychological Society Ltd
- Australian Sonographers Association
- Orthoptic Association of Australia
- OT Australia
- Society of Hospital Pharmacists of Australia
- Speech Pathology Australia

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